

**NC DMA Pharmacy Request for Prior Approval  
Orkambi**

**DMA-3568**

**Beneficiary Information**

1. Beneficiary Last Name: _____	2. First Name: _____
3. Beneficiary ID #: _____	4. Beneficiary Date of Birth: _____
5. Beneficiary Gender: _____	

**Payer Information**

6. Is this a Medicaid or Health Choice Request?      Medicaid: <input type="checkbox"/> Health Choice: <input type="checkbox"/>
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**Prescriber Information**

7. Prescribing Provider NPI #: _____
8. Prescriber DEA #: _____
Requester Contact Information
Name: _____ Phone #: _____ Ext. _____

**Drug Information**

9. Drug Name: Orkambi	10. Strength: _____	11. Quantity Per 30 Days: _____
12. Length of Therapy (in days): <input type="checkbox"/> up to 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 120 <input type="checkbox"/> 180 <input type="checkbox"/> 365 <input type="checkbox"/> Other: _____		

**Clinical Information**

1. Does the beneficiary have a diagnosis of Cystic Fibrosis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is the beneficiary age 12 or greater <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Is the beneficiary documented as homozygous for the F508 del mutation in the CFTR gene? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is the total daily dose prescribed 800 mg/500 mg total or less? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Did the beneficiary have a baseline ALT and AST assessed prior to beginning therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list ALT and AST results and date labs were done.	
_____	
_____	
_____	
_____	
_____	

Signature of Prescriber: \_\_\_\_\_ Date: \_\_\_\_\_

\* Prescriber Signature mandatory

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Fax this form to CSRA at (855) 710-1969

Pharmacy PA Call Center: (866) 246-8505